

# Tuberculosis 1973

Tuberculosis is a serious communicable disease. But today it is curable. Chemotherapy, with multiple drug regimens, is highly effective in initial treatment cases. Clinical response can be expected within days and can be verified bacteriologically within a few weeks. Full recovery can be expected in patients who take the complete course of treatment, which at this time usually means at least 18 months.

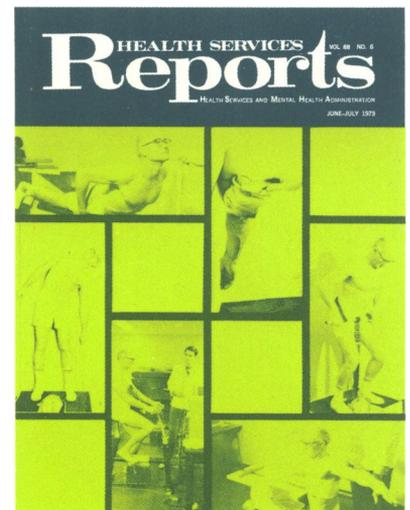
Today, tuberculosis is also preventable. Therefore, preventive treatment of all persons exposed to the risk of becoming infected deserves a high priority. This will reduce transmission of infection to others and greatly reduce the human suffering caused by tuberculosis.

Relapses, reactivations, and disease complicated by drug-resistant tubercle bacilli are classed as treatment failures. Most result from the lack of prescription of an adequate drug regimen or from the failure of patients to take the prescribed drugs. Patient participation is therefore a vital ingredient for success in the treatment of tuberculosis. To participate, patients must understand what is expected of them and why.

The health care delivery system needs to be adaptable to the lifestyles of the people receiving services. The treatment plan should be tailored to the individual patient's needs and reflect confidence in his ability to participate in the plan. Along with public health education programs, the removal of dehumanizing isolation techniques and the allowance of early ambulation and return to a normal life pattern as soon as the patient is physically able can have a favorable effect on the community in general. The stigma of tuberculosis can thus be reduced and new patients motivated to seek supervision before the disease is far advanced and widely disseminated.

The primary concern of people in tuberculosis control is to provide a health care delivery system which meets the needs of those with tuberculosis and those facing the risk of becoming infected and which prevents transmission of the disease to other members of the community. That system must be as efficient as possible, including a records system through which the size, scope, and location of the tuberculosis problem can be identified and through which successes or failures to achieve results can be measured. This obviously involves continuous evaluation of the outcome of activities in terms of the health status of the people and periodic checks on the appropriateness of activities for each epidemiologic situation. —VERNON N. HOUK, MD, Deputy Chief, Tuberculosis Branch, Center for Disease Control.

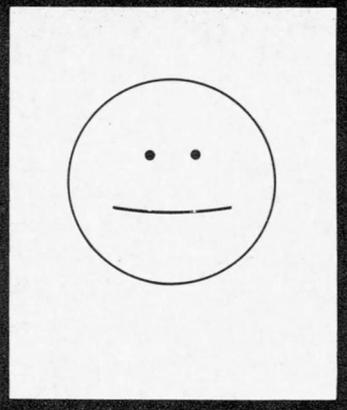
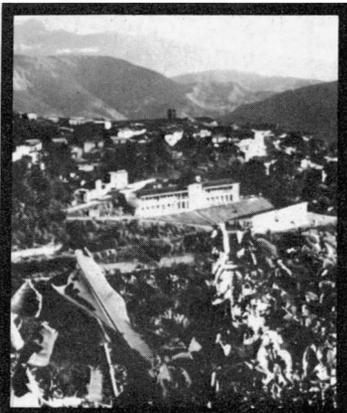
*Cover:* Subject undergoes cardiopulmonary evaluation tests in the laboratory of the occupational health service, County of Los Angeles. The service carries on an extensive preventive medicine program, including periodic health appraisals, described in a paper beginning on page 515.



# HEALTH SERVICES Reports

Formerly PUBLIC HEALTH REPORTS  
JUNE-JULY 1973

Published Since 1878  
VOL. 88 NO. 6



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Opinions expressed are the authors' and do not necessarily reflect the views of Health Services Reports or the Health Services and Mental Health Administration. Trade names are used for identification only and do not represent an endorsement by the Health Services and Mental Health Administration.

Address correspondence to:  
Editor, Health Services Reports  
Room 4A-54, Parklawn Building  
5600 Fisher Lane  
Rockville, Md. 20852  
Telephone:  
Area code 301-443-2525

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